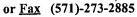
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	correspondence includit ed below or directed ot	for transmitting the ISSI ng the Patent, advance o herwise in Block 1, by (UE FEE and PUBLICAT orders and notification of a) specifying a new corre	TION FEE (if requiremaintenance fees vispondence address	nired). Blowill be m ;; and/or (ocks I through 5 shailed to the current b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for
LEFFERT JAY P.O. BOX 5810	7590 08/29 Y & POLGLAZE,	1	E 400	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
MININEZ II OEIC	5, 14111 55456-1007	1	.	islinited to the OSF	10 (3/1)	273-2883, on the da	
WA!			AMERICA	Susan Donovan			(Depositor's name)
				November	22,	2006	(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/838,764	04/19/2001	I					
09/838,764 04/19/2001 Frankie F. Roohparvar 400.081US01 1344 TITLE OF INVENTION: MEMORY WITH ELEMENT REDUNDANCY :							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
aconprovisional	NO	\$1400	\$300	\$0		\$1700	11/29/2006
EXAM	INER	ART UNIT	CLASS-SUBCLASS]			
CHAUDRY, MUJTABA M 2133			714-710000	J			•
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR 12/17/14/1906) SZEWDIE2 00000047 09838764							
Micron Technology, Inc.			Boise, Ida	01	01 FC+1501		1400.00 DP 300.00 DP
Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🖾 Co	orporation	or other private grou	up entity Government
4a. The following fee(s) a Solution Issue Fee Publication Fee (N Advance Order - #	lo small entity discount p	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50/373 (enclose an extra copy of this form).					
a. Applicant claims	tus (from status indicates s SMALL ENTITY statu	is. See 37 CFR 1.27.	☐ b. Applicant is no lon	ger claiming SMAI	LL ENTII	ΓY status. See 37 CF.	R 1.27(g)(2).
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in nicrest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature	Unday C	Whatt		Date	/zz/c	/ 96	
Typed or printed name		Walseth		Registration N		13,234	
Ins collection of information application. Confident	ation is required by 37 Cliality is governed by 35	FR 1.311. The information U.S.C. 122 and 37 CFR	on is required to obtain or r 1.14. This collection is est	etain a benefit by the timated to take 12 r	he public	which is to file (and complete, including	by the USPTO to process)

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.